

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. Whether there should be additional reimbursement for date of service (DOS) 06/06/01?
2. The request was received on 05/06/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. Provider marked exhibits
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. EOB
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file does not contain the Notice of Medical Dispute indicating Respondent's receipt of the additional documentation per Commission Rule 133.307 (g)(4). The findings and decision is based on the documentation contained in the Commission's case file at the time of review.

III. PARTIES' POSITIONS

1. Requestor: The provider has not received proper reimbursement for services associated with an epidural steroid injection.
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service (DOS) eligible for review is 06/06/01.
2. The carrier's EOBs have the denials, "**F** – REDUCTION ACCORDING TO MEDICAL FEE GUIDELINE", "**D** – DUPLICATE CHARGE."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
06/06/01	76499-27-22	\$350.00	\$0.00	D	DOP	MFG, GI (I)(A&B) & (III), CPT & modifier descriptors; TWCC Advisory 97-01	<p>The provider is billing for two procedures using the same unlisted CPT code for both. The CPT code in dispute has a MAR of DOP.</p> <p>The billed CPT descriptor states, "Unlisted diagnostic radiologic procedure." The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (I)(A) states, "... (TWCC) has incorporated usage of the ... (AMA's) 1995 ... (CPT) codes". The MFG has CPT code 76000 which has the descriptor "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy)". The CPT code 76000 is sufficiently descriptive of the procedure performed and the MAR value of 76000-27 is \$88.00. Although the provider did not bill CPT code 76000, the provider is entitled to reimbursement of \$88.00.</p>
06/06/01	76499-27	\$300.00	\$0.00	F	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors; TWCC Advisory 97-01	<p>The provider is billing for two procedures using the same unlisted CPT code for both. The CPT code in dispute has a MAR of DOP.</p> <p>The TWCC Advisory 97-01 states, "... When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures (emphasis added) are considered part of the service and should not be billed separately. The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, reimbursement is not recommended.</p>
Totals		\$650.00	\$0.00				The Requestor is entitled to \$88.00 additional reimbursement.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$88.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of September 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division